

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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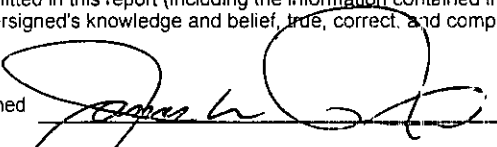
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 10229	2. Fiscal Year Covered From 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name James W Reed P.O. Box, Bldg., Room No., if any Street 223 Williams Avenue City Deptford State New Jersey ZIP Code + 4 08096	4. Name, file number, and address of labor organization. Name U.A. Local Union 322 Labor Organization File Number 023760 P.O. Box, Building and Room Number, if any PO Box 73 Street 534 S. Route 73 City Winslow State New Jersey ZIP Code + 4 08095
5. Position in labor organization. ASST. Business Manager / Financial Secretary Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name n/a JENNINGS SIGMUND Trade Name, if any: ATTORNEY AT LAW P.O. Box, Bldg., Room No., if any PEARL METAL TOWERS 16th Floor Street 510 WILMUT ST. City Independence Sq. Phila Pa. 19106/3683 State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. n/a Christmas Gift Sweets Basket 7.b. Amount. \$75.00 \$0

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed 	On 12/31/2004 856-848-1395 Date Telephone Number

Name of Person Filing James Reed	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name n/a P.N.C BANK</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 1600 market St.</p> <p>Street Phila Pa.</p> <p>City 19103</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name n/a</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>n/a 4 Tickets to Phila Eagles Game</p> <hr/> <p>11.b. Approximate dollar value of such dealing. 250⁰⁰ each \$0</p> <hr/> <p>12.a. Nature of interest held or income received. \$1000⁰⁰</p> <p>n/a</p> <hr/> <p>12.b. Amount. \$0</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name n/a</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>n/a</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$0</p>

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

LM30

1. Article Addressed to:

US Dept of Labor
200 Const. Ave
Washington DC
20016

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

K

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

U.S. Dept. of Labor
Employment Standards Admin.
Office of Labor-Mgmt Standards
200 Constitution Ave. NW
Room N-5616
Washington DC 20210

2. Article Number

(Transfer from service label)

7001 2510 0007 5527 0707

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes